Societal doctors already exist: author's reply

While I broadly agree with the points raised by Kate Mandeville and colleagues, I will take this opportunity to better clarify the thrust of my argument.

In any society, the transfer of public health research, advocacy, and policy into clinical practice involves several intervening steps and must engage multiple stakeholders. Particularly in the final stages, health-care professionals, and especially clinical doctors, have a crucial role in ensuring policy ambitions are successfully implemented.[1] Today more than ever, curbing the multicausal problems we face—such as childhood obesity, diabetes, and antibiotic resistance—requires an approach that transcends the increasingly antiquated public health, primary care, and secondary care divide.[2]

In this regard, I believe efforts of public health physicians (and non-medically trained public health consultants) should be reinforced by greater cooperation across the medical profession, guided from within by a shift in medical education. This shift requires a subtle, but substantial, change in curricula, which not only increases public health education but radically shifts the emphasis and importance of public health to medical training.[3] We need greater recognition within the whole medical profession, and indeed across entire societies, that health is more than health care, and especially in the new era of chronic disease, the role of a clinician includes prevention as well as cure.

I agree that public health physicians are already the "societal doctors" and welcome a greater number of training places and consultant posts. However, my intention here was to argue that all doctors should take greater responsibility for population health concerns and work to support colleagues in public health. Balancing the benefits of hyperspecialisation with the often incalculable returns of generalism is one of the great challenges facing us in the decades ahead.

I declare no competing interests.

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1 Glasziou P, Chambers I, Altman DG, et al. Taking healthcare interventions from trial to practice. *BMJ* 2010; **341:** c3852

2 Atun R, Jaffar S, Nishtar S, et al. Improving responsiveness of health systems to non-communicable diseases. *Lancet* 2013; **381:** 690–97.

3 Bhopal A, Baker PA, Meldrum JL, Chan JKM, Gopfert APN. Embed a public health ethos in the medical workforce. *Lancet* 2015; **385:** 853–54.